

WED 17 2018

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT
FORM B
For New Members, Candidates, and New Employees

18 FEB 27 PM 1:22

Name: Jackie Patton

Daytime Telephone: _____


U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

FILER STATUS	<input checked="" type="checkbox"/>	New Member of or Candidate for U.S. House of Representatives	State: <u>OH</u>	District: <u>12</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/>	Candidates – Date of Election:	<u>May 08/2018</u>		
	New Officer or Employee	Staff Filer Type (If Applicable):			A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	Employing Office: _____	Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	Period Covered: January 1, 2017	to <u>January 31, 2018</u>	

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>Q1</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <u>Y</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an horaria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, horaria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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Assets and/or Income Sources		Value of Asset	Type of Income												Amount of Income																			
			A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	X	XI	XII	I	II	III	IV	V	VI	VII	VIII
			Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, Interest, and the "Tax-Deferred" column, Dividends, Interest, and Capital gains, even if included only because it generated income, the value should be "None".																			
			For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.												If an asset was sold during the reporting period and is included only because it generated income, the value should be "None".																			
			For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.												Column M is for assets held by your spouse or dependent child in which you have no interest.																			
			For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												Column N is for assets held by your spouse or dependent child in which you have no interest.																			
			Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.												Column O is for assets held by your spouse or dependent child in which you have no interest.																			
			If you have a privately-traded fund that is an "Exempt Investment Fund", please check the "EIF" box.												Column P is for assets held by your spouse or dependent child in which you have no interest.																			
			If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT).												Column Q is for assets held by your spouse or dependent child in which you have no interest.																			
			For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.												Column R is for assets held by your spouse or dependent child in which you have no interest.																			
SP, DC, JT	Example:	ABC Hedge Fund	None												None																			
			\$1-\$200												\$1-\$200																			
SP, DC, JT	Example:	Mega Corp Stock Simon & Schuster	\$201-\$1,000												\$201-\$1,000																			
			\$1,001-\$2,500												\$1,001-\$2,500																			
SP, DC, JT	Example:	1609 Bay Laurel Dr. Mansfield, OH Rental House	\$2,501-\$5,000												\$2,501-\$5,000																			
			\$5,001-\$15,000												\$5,001-\$15,000																			
SP, DC, JT	Example:	Woodlawn Youngstown OH Rental House	\$15,001-\$50,000												\$15,001-\$50,000																			
			\$50,001-\$100,000												\$50,001-\$100,000																			
SP, DC, JT	Example:	Aradale Development LLC	\$100,001-\$1,000,000												\$100,001-\$1,000,000																			
			\$1,000,001-\$5,000,000												\$1,000,001-\$5,000,000																			
			Over \$5,000,000												Over \$5,000,000																			
			Spouse/DC Asset over \$1,000,000*												Spouse/DC Asset over \$1,000,000*																			
			None												None																			
			\$1-\$200												\$1-\$200																			
			\$201-\$1,000												\$201-\$1,000																			
			\$1,001-\$2,500												\$1,001-\$2,500																			
			\$2,501-\$5,000												\$2,501-\$5,000																			
			\$5,001-\$15,000												\$5,001-\$15,000																			
			\$15,001-\$50,000												\$15,001-\$50,000																			
			\$50,001-\$100,000												\$50,001-\$100,000																			
			\$100,001-\$1,000,000												\$100,001-\$1,000,000																			
			\$1,000,001-\$5,000,000												\$1,000,001-\$5,000,000																			
			Over \$5,000,000												Over \$5,000,000																			
			Spouse/DC Income over \$1,000,000*												Spouse/DC Income over \$1,000,000*																			

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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BLOCK A Assets and/or Income Sources		BLOCK B												BLOCK C																								
		Value of Asset						Type of Income						Amount of Income																								
ASSET NAME	DEF	A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
Columbus Board of Educ. 403 (B) Plan														None																								
-VIP BlackRock Div	X													\$1-\$1,000																								
-Fiduciary Account	X													\$1,001-\$15,000																								
American Funds Growth	X													\$15,001-\$50,000																								
Anes Funds Int'l	X													\$50,001-\$100,000																								
+Fidelity VIP Conta Fund	X													\$500,001-\$1,000,000																								
-VIP Blended Lg Cap	X													Spouse/DC Assets over \$1,000,000*																								
-VIP Del. Stoc. Awards	X													NONE																								
-VIP SSGA S&B 500	X													DIVIDENDS																								
-AB Yas Global Thematic	X													RENT																								
-Delaware VIP SMID Cap	X													INTEREST																								
State Teachers Retirement System Pension	X													CAPITAL GAINS																								
Ohio Public Employee Retirement System Pension	X													EXCEPTED/BLIND TRUST																								
DC Trustmark Universal Life Insurance Policy	X													TAX-DEFERRED																								
DC Trustmark Universal Life Insurance Policy	X													Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																								
														None																								
														\$1-\$200																								
														\$201-\$1,000																								
														\$1,001-\$2,500																								
														\$2,501-\$5,000																								
														\$5,001-\$15,000																								
														\$15,001-\$50,000																								
														\$50,001-\$100,000																								
														\$100,001-\$1,000,000																								
														\$1,000,001-\$5,000,000																								
														Over \$5,000,000																								
														Spouse/DC Income over \$1,000,000*																								
														None																								
														\$1-\$200																								
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														\$1,000,001-\$5,000,000																								
														Over \$5,000,000																								
														Spouse/DC Income over \$1,000,000*																								

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCERPT: Military pay (such as National Guard or Reserve pay) [federal] retirement programs and benefits received under the Social Security Act

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INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Jackie Patton

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Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period. **New Member:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
				A	B	C	D	E	F	G	H
SP	Example	First Bank of Wilmington, DE	598	\$10,001- \$15,000							
				\$15,001- \$50,000							
				\$50,001- \$100,000	X						
				\$100,001- \$250,000							
				\$250,001- \$500,000							
				\$500,001- \$1,000,000							
				\$1,000,001- \$5,000,000							
				\$5,000,001- \$25,000,000							
				\$25,000,001- \$50,000,000							
				Over \$50,000,000							
				Over \$1,000,000* (Spouse/DC Liability)							

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year and two previous years.

Position	Name of Organization
Board/Committee Member	Central Ohio School Nurse Association
Board/Committee Member	National Association for Chronic Disease- Director, School Employee Wellness Advisory Group
Board/Committee Member	Action for Healthy Kids- Urban School Wellness Association
Board/Committee Member	Columbus Public Health- Chronic Disease Prevention Steering Committee and Committee
Board/Committee Member	United Way of Central Ohio- Healthy Corner Store Committee

Use additional sheets if more space is required

SCHEDULE D – LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP. DC/IT	Creditor	Date Liability Incurred MONYR	Type of Liability	Amount of Liability									
				A	B	C	D	E	F	G	H	I	J
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000									
				\$15,001-\$50,000									
				\$50,001-\$100,000									
				\$100,001-\$250,000	X								
				\$250,001-\$500,000									
				\$500,001-\$1,000,000									
				\$1,000,001-\$5,000,000									
				\$5,000,001-\$25,000,000									
				\$25,000,001-\$50,000,000									
				Over \$50,000,000									
				Over \$1,000,000* (Spouse/DC Liability)									

SCHEDULE E – POSITIONS

Report all positions compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board/Committee Member	United Way of Central Ohio- Health Impact Areas Results Committee
Board/Committee Member	Mid-Ohio Food Bank- Integrated Response To Hunger Committee
Board/Committee Member	The Ohio State College of Public Health- Food Insecurity Group Building Initiative For Food & Agriculture Transformation
Board/Committee Member	Healthy Business Council of Ohio
Board/Committee Member	Columbus City Schools Joint Insurance Committee

SCHEDULE D – LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, JR	Creditor	Date Liability Incurred M/O/YR	Type of Liability	Amount of Liability									
				A	B	C	D	E	F	G	H	I	J
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE										
				\$10,001-\$15,000									
				\$15,001-\$50,000									
				\$50,001-\$100,000									
				\$100,001-\$250,000									
				\$250,001-\$500,000									
				\$500,001-\$1,000,000									
				\$1,000,001-\$5,000,000									
				\$5,000,001-\$25,000,000									
				\$25,000,001-\$50,000,000									
				Over \$50,000,000									
				Over \$1,000,000* (Spouse/DC Liability)									

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board/Committee Member	National Association For Uniformed Services
Board/Committee Member	Sepsis Alliance
Board/Committee Member	National Education Association
Board/Committee Member	Ohio Education Association
Board/Committee Member	Central Ohio Education Association

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
2018	Columbus City Schools	Annual employment agreement
2000	State Teachers Retirement System	Pension Plan
2000	Ohio Public Employees Retirement System	Pension Plan

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Use additional sheets if more space is required.

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**FILER NOTES
(Optional)**

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Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

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